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AUTHOR Fink, Sandra; And Others
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ABSTRACT

This document comprises forms (and directions for their use) used in Oregon in conjunction with the Individuals with Disabilities Education Act (IDEA) for school-aged children. Forms are identified as either required or optional and are presented in a two-page format, with one page identifying the form, explaining its purposes, and providing directions for completing it and the other page containing a copy of the form. A flow chart shows the special education procedural process and identifies the required forms for each step. Forms include: referral for special education; parent notification of team referral; prior notice and consent for initial evaluation; statements of eligibility (for visual impairment, hearing impairment, speech/language impairment, orthopedic impairment, learning disability, serious emotional disturbance, mental retardation, autism, deaf/blind, other health impairment, and traumatic brain injury); physician's statement; prior notice and consent for initial placement in special education; notice of Individual Education Program meeting; Individual Education Program; prior notice of reevaluation and/or consent for intelligence or personality testing; prior notice of proposal or refusal to initiate a change; permission to obtain and release information; school officials having access to student records; and record of request for or disclosure of student records. Appendices answer questions concerning written prior notice and written parental consent and provide copies of forms ready for photocopying. (DB)

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Special Education Forms

Volume 1: School-Age Students

September 1992

EC 301754

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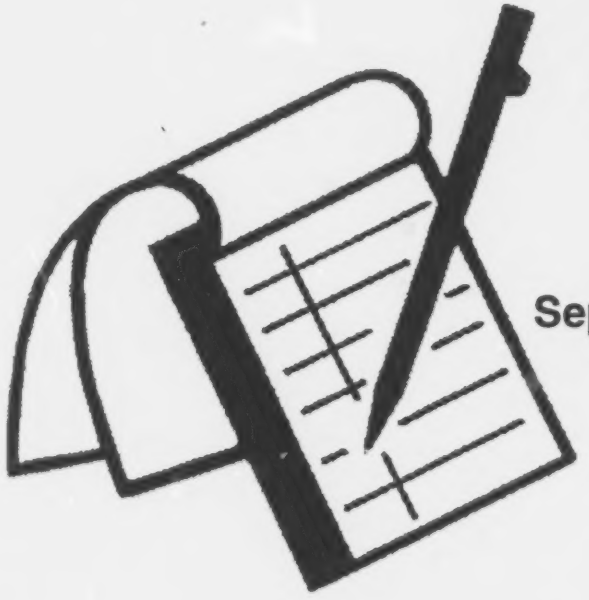
Special Education Forms

Volume 1: School-Age Students



September 1992

Sandra Fink
Maxine Kilcrease
Maurine Otos

Karen Brazeau, Associate Superintendent
Office of Special Education
Oregon Department of Education

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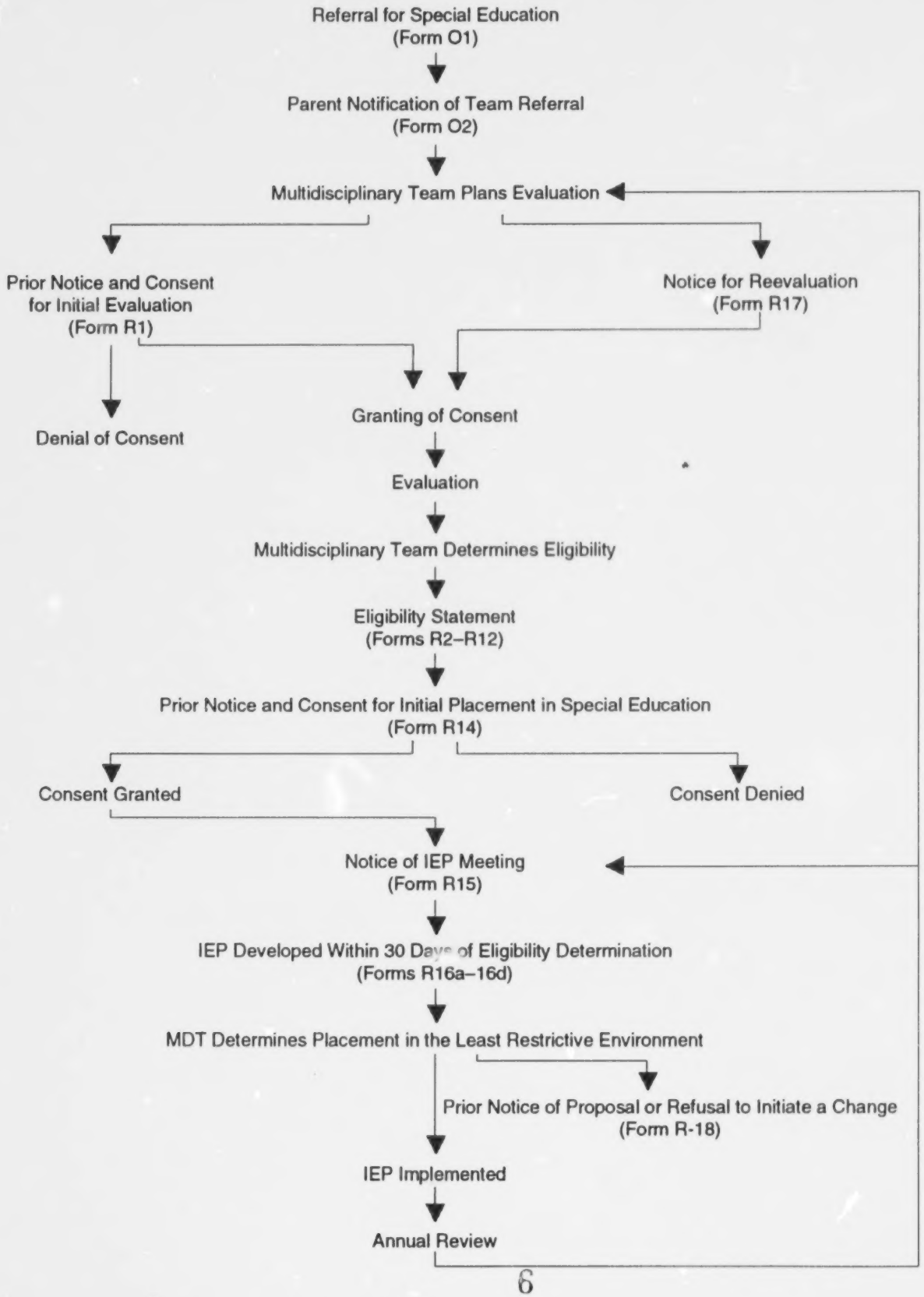
Special Educational Procedural Process



Introduction

The materials included in this document were developed in response to comments and requests from teachers, administrators and parents over the past two years. Generally, the field has expressed the desire for the Office of Special Education to develop a set of forms that meet the requirements of the Individuals with Disabilities Act (IDEA), that are written in everyday language, and that include an explanation of the purposes of the forms and directions for how to use them. In addition to these considerations, the Department developed forms and directions that meet the requirements for both school-aged programs and for Early Childhood Special Education (ECSE) programs for children ages three and four so those school districts who provide both ECSE and school age programs and services have a uniform, consistent set of forms with as little duplication as possible.

Department staff developed drafts of the forms during the fall and winter of 1991-92. Twenty-five district special education directors reviewed the drafts, evaluated their content and effectiveness, and suggested modifications. Ten of these districts conducted field tests of the forms during the spring of 1992. The drafts of the forms were revised during the summer of 1992 using the responses received from these districts.

The forms and directions included in this document will need to be revised in the future. Federal and state laws may change; the federal monitoring process to be conducted during 1992-93 may require modifications; and new ideas for formatting and directions may emerge as districts use this document. However, in deference to the needs expressed by people in the field, the Department is publishing this document now.

The forms presented in this document include ones that meet the IDEA requirements, and include optional forms for other special education procedures. However, a placement procedures form is not included here but is included in a technical assistance paper on placement and least restrictive environment (LRE) that will be published by the Department at a later date.

Using the Document

The forms and directions in this document are organized in chronological order from the referral of a student through the development of the student's IEP and, after LRE and placement decisions are made, through any changes to the student's evaluation, IEP and/or placement. Two identifiers are used for the forms:

R# Forms identified with an "R" (required) and a number contain procedures and documentation that are required by federal and state law.

O# Forms identified with an "O" (optional) and a number contain procedures and documentation for special education that, though not required specifically by law, have been requested from the field.

Each form follows a two-page format:

Left-Facing Page — This page contains the form number and name, an explanation of the purposes of the form including any legal authority reference, and directions for completing the form.

Right-Facing Page — This page contains a copy of the form. At the top of each right-facing page, there is a space to indicate the date that the form was completed.

The forms contained in this document are available on diskette for the IBM or Macintosh. Specific software will be required for districts to use the diskettes. For further information or to order a diskette, please call the Office of Special Education, 378-3598.

Referral for Special Education
Form O1

Instructions

Purpose

This form is used to:

- gather information regarding the student's suspected disability for special education;
- document the request for a special education evaluation; and
- assist the multidisciplinary team to plan evaluations.

Directions

1. Enter student's complete legal name; do not use a nickname.
2. Enter the month, day and year the student was born.
3. Enter the complete name of the school.
4. Enter the student's Social Security number. (optional)
5. Enter the present grade of the student.
6. Enter the name of the parent, guardian, or surrogate parent.
7. Enter the phone number(s) of the parents for (w) work and (h) home.
8. Enter the address of the parent or guardian.
9. Enter the name of the referring person.
10. Enter the referring person's phone number.
11. Check the specific area of concern. Please attach work samples, information or evidence that will help the MDT plan an evaluation.
12. Please review the cumulative folder and behavioral file for pertinent information and enter appropriate information.
13. Describe any interventions, such as extended time to complete assignments, shorten assignments, peer tutoring, individualized instruction, etc., used to try to remediate the problem as these facts are very helpful in planning the evaluation.
14. Describe the action the MDT will take, such as speech/language evaluation, SED evaluation, no evaluation, refer to building child study team for classroom interventions.
15. Indicate who will act on the referral and the date when this will be completed.
16. Indicate the date the parent, guardian or surrogate parent was notified of this referral including month, day and year.

Date Initiated by District _____
Mo Day Yr

Referral for Special Education
Form O1

Student Name ① _____ Birth Date (mo/day/yr) ② _____

School ③ _____ SS# ④ _____ Grade ⑤ _____

Parent or Guardian Name ⑥ _____ Phone: w/ ⑦ _____ h/ ⑦ _____

Address ⑧ _____

Referring Party ⑨ _____ Phone ⑩ _____

⑪ 1. Check the specific area of concern. Next to each area of concern is listed the work samples, information or evidence that will help the MDT plan an evaluation. Please provide the MDT with this information.

- ☐ Cognitive development/mental abilities — standardized test scores
- ☐ Reading — fluency rate, unit tests, comprehension work samples, achievement test scores
- ☐ Written Language — examples of composition (best, worst, typical), dictation, copying (near and far), spelling tests
- ☐ Math — work samples, achievement tests, fact fluency rates
- ☐ Oral Language and Speech — description of the speech or language problem (receptive or expressive)
- ☐ Classroom Performance — grades in areas of concern, tests, work samples, rate of work completion
- ☐ Study Skills — description of organizational skills, grades, use of texts
- ☐ Social Behavior — behavioral referrals, anecdotal history, observations
- ☐ Motor skills — description of skill level in PE, writing sample
- ☐ Hearing
- ☐ Vision
- ☐ Other _____

⑫ 2. Review the cumulative folder and behavioral file for pertinent information:

Previous educational history in area of concern _____

_____

Previous report card(s) _____

Group achievement tests _____

Attendance/Health _____

Primary language _____

⑬ 3. Describe any interventions used to try to remediate the problem _____

_____

_____

All referrals must be filled out in full and accompanied by a current signed parent consent form (Form R19) for exchange of information and pertinent records.

Action by MDT:

⑭ Describe what action will be taken _____

⑮ Indicate who will take the action and when _____

⑯ Indicate the date the parent was notified of this referral (mo/day/yr) _____

Form 581-5148A-X (New 11/92)

Parent Notification of Team Referral
Form O2

Instructions

Purpose

This form is used to document parent notification of concern regarding their child's school performance after the referral form (Form 01) has been completed and prior to a team meeting.

Directions

1. Enter the name of the parent, guardian, or surrogate parent.
2. Enter student's complete legal name; do not use a nickname.
3. Describe the difficulties that the student has been having in objective terms. For example, "Student X has 22 talkouts per day, five office referrals, and completes 50 percent of his work," as opposed to subjective terms, "Student X is the worst student in my class."
4. Describe exactly what has been tried to remediate the difficulties such as individualizing instruction, one-to-one assistance, or other strategies that may have been tried.
5. Enter the month, day and year of the meeting.
6. The person sending the letter signs his/her name here.
7. Enter the title of the person signing the letter.
8. Enter the address and phone number where the individual writing the letter may be reached.

Enclosure: *Parental Rights*

Date Initiated by District _____
Mo Day Yr

Parent Notification of Team Referral
Form O2

Dear ① _____:

Your child, ② _____, has been referred to the school's referral team.

The purpose of the team is to develop a plan to help students who are experiencing difficulty in the classroom. Your child has been experiencing the following difficulties:

③

The classroom teacher has tried the following to assist your child:

④

A member of the referral team will contact you after the meeting to be held on ⑤ _____ (mo/day/yr).
If you would like further information, please call me.

Sincerely,

Signature ⑥ _____

Title ⑦ _____

Address ⑧ _____

Phone ⑧ _____

Students who are experiencing substantial academic or social difficulty in school may need a special education evaluation. If you feel your son or daughter requires such an evaluation, you may request one through the referral team. The building referral team may also recommend such an evaluation. I have enclosed a brochure that explains your rights regarding such an evaluation if you or the referral team believe one is necessary. An evaluation will not be done without your written consent.

Enclosure: *Parental Rights*

Form 581-5148B-X (New 11/92)

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Prior Notice and Consent for Initial Evaluation
Form R1 (Page 1 of 2)

Instructions

Purpose

This form is used to:

- obtain and document parental consent for an initial special education evaluation to be conducted;
- meet the requirements of 34 CFR 300.504 (a), 34 CFR 300.505, and OAR 581-15-075 regarding the need for a written notice when an evaluation is proposed;
- meet the requirements of 34 CFR 300.504 (b) and OAR 581-15-039 regarding consent for conducting a pre-placement evaluation; and
- obtain written consent **before** the initial evaluation is conducted. It is the first of two written consents required in the special education process. The second is prior to initial placement into special education. See 34 CFR 300.504(b) and OAR 581-15-039.

NOTE: Form R18 can be used as the prior notice rather than page 1 of this form. **Both** forms meet the regulations. Form R18 is more generic while this form is specific to prior notice for initial evaluation.

Directions

1. Enter student's complete legal name; do not use a nickname.
2. Enter the approximate number of days needed to complete the evaluation. While there are not regulations specifying the exact number of days to complete an evaluation, the Department recommends 60-90 days.
3. Explain why this evaluation is being proposed.
4. Explain what other options were considered prior to this referral for special education services such as:
   - Chapter 1 services
   - pre-referral classroom accommodations
   - any other programs or services available without the need for services from special education.
5. Explain why the above were rejected.
6. Use this section, if necessary, to provide additional reasons why the multidisciplinary team felt that this student needed services which are only available through special education.
7. This section meets the requirements for 34 CFR 300.505 and OAR 581-15-075. The law requires a description of each evaluation procedure, test, record, or report the team uses as a basis of the proposed evaluation. Indicate the areas to be tested from the list below. You must name and describe each test used. Acronyms must be explained.

intelligence	hearing	personality/emotional/behavior
vocational	vision	physical/occupational therapy/adaptive PE
observations	medical/health	academic achievement
speech/language	adaptive behavior	other

8. The person sending the letter signs his/her name here.
9. Enter the title of the person signing the letter.
10. Enter the phone number where the individual writing the letter may be reached.

This form is continued on pages 8-9.

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation
Form R1 (Page 1 of 2)

Dear _____:

As you know, ① _____ has been referred for assessment or
(Student's Full Name)
evaluation to determine eligibility for special education services. We refer to this as an educational evaluation. The results will help us teach your child. It is expected that this evaluation will be completed within ② _____ days.

③ We plan to evaluate your child because:

④ Other options we considered were:

⑤ We decided against those options because:

⑥ Any other additional information considered by the multidisciplinary team:

⑦ The evaluation procedures, assessment, and/or tests we plan to use include the following:

Enclosed is a copy of *Parental Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me.

Sincerely,

Signature ⑧ _____

Title ⑨ _____

Phone ⑩ _____

Form 581-5150B-X (New 7/92) page 1

Prior Notice and Consent for Initial Evaluation
Form R1 (Page 2 of 2)

Instructions

7. This form must be signed and dated by the parent/guardian/surrogate parent or adult student **prior to** the implementation of the evaluation.

8. If this section is completed **do not** implement the evaluation. Note: A reason for refusal is not required.

9. Enter the name and address of the person to whom the parent should send the signed form.

10. Enter the date this form is received.

11. Place a copy of this form in student's file.

NOTE: Once this written consent is received from the parent, it only applies for this initial evaluation. You will not need to obtain consent for ensuing evaluations except for intelligence or personality testing; you need only notify the parent that you are going to reevaluate their child. (See form R17.) (OAR 581-21-030)

Enclosure: *Parental Rights*

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation
Form R1 (Page 2 of 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for the evaluation to begin. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL EVALUATION

I give my permission for the evaluation to begin. I understand that my consent is voluntary and that it may be revoked for any reason during the initial evaluation process.

⑦ _____ ⑦ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

OR

NO CONSENT FOR INITIAL EVALUATION

Please complete this section and sign here if you **do not** give permission for the evaluation (optional).

I **do not** give permission for the initial evaluation. My reason(s) follow:

_____

_____

_____

⑧ _____ ⑧ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

Please return this form to ⑨ _____ at ⑨ _____

Date received in district ⑩ _____
Mo Day Yr

Enclosure: *Parental Rights*

⑪ cc: Student File

Statement of Eligibility — Visual Impairment
Form R2

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for visual impairment;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for visual impairment and needs special education.
4. Check off each eligibility requirement for visual impairment that this student meets.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Visual Impairment
Form R2

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of visual impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of visual impairment. The determination is based upon one or more of the following eligibility requirements:

④
☐ The student's residual acuity is 20/70 or less in the better eye with correction.

☐ The student's visual field is restricted to 20 degrees or less in the better eye.

☐ The student has an eye condition, either an eye pathology or a progressive eye disease which, in the opinion of the ophthalmologist or optometrist, is expected to reduce either acuity or field to the criteria stated above.

☐ The student is unable to be adequately tested or demonstrates inadequate functional vision.

⑤ Disability: ☐ Primary ☐ Secondary

⑥

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
☐ Ophthalmology or optometry report (required)
☐ Functional vision assessment report or informal observation (required)
☐ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Student File

Form 581-5148E-X (New11/92)

Statement of Eligibility — Hearing Impairment
Form R3

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for hearing impairment;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for hearing impairment and needs special education.
4. Check off each eligibility requirement for hearing impairment that this student meets.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Hearing Impairment
Form R3

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of hearing impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of hearing impairment. The determination is based upon one or both of the following eligibility requirements:

④ ☐ The student has a pure tone average loss of 25dbHL or greater in the better ear for frequencies of 500, 1000, and 2000 Hz or a pure tone average loss of 35dbHL or greater in the better ear for frequencies of 3000, 4000, and 6000 Hz. The loss can be sensorineural or conductive, if the conductive loss has been determined to be currently not treatable by a physician (see attached report from licensed audiologist).

☐ A student with unilateral hearing impairment will be considered for eligibility on an individual basis if the student has a significant educational deficit that can be attributed to the hearing loss.

⑤ Disability: ☐ Primary ☐ Secondary

⑥

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ☐ Audiological report (required)
- ☐ Physician's statement (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Student File

Form 581-5148F-X (New11/92)

Statement of Eligibility — Speech/Language Impairment
Form R4

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for speech/language impairment;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for speech/language impairment and needs special education.
4. Check off each eligibility requirement for speech/language impairment that this student meets.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Speech/Language Impairment
Form R4

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of speech/language impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of speech/language impairment. The determination is based upon one or more of the following eligibility requirements:

④

☐ **Articulation Disorder** — The student, given a test of articulation competence following developmental norms, exhibits disordered misarticulations of one or more phonemes and the articulation disorder interferes with communication, and calls attention to itself.

☐ **Voice Disorder** — The student demonstrates chronic vocal characteristics that deviate in at least one of the areas of pitch, quality, intensity, and/or resonance (see attached physician's statement).

☐ **Fluency Disorder** — The student demonstrates an interruption in the rhythm and/or rate of speech, which is characterized by hesitations, repetitions, and/or prolongations of sounds, syllables, words, or phrases and the disorder interferes with communication and calls attention to itself.

☐ **Language Disorder** — The student demonstrates a significant delay in one or more of the following areas as indicated by standard tests and/or language samples such to interfere with the student's educational progress:

☐ phonology ☐ morphology ☐ pragmatics
☐ syntax ☐ semantics

⑤ Disability: ☐ Primary ☐ Secondary

⑥

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____ ⑧ Date eligibility re-established _____

⑨

Attachments:

☐ Language sample (optional) ☐ Speech and language assessment (required)
☐ Hearing screening (required) ☐ Statement by an otolaryngologist or other physician (required)
☐ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Student File

Form 581-5148G-X (New11/92)

Statement of Eligibility — Orthopedic Impairment
Form R5

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for orthopedic impairment;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for orthopedic impairment and needs special education.
4. Check off whether the student meets each eligibility requirement for orthopedic impairment.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Orthopedic Impairment
Form R5

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of orthopedic impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of orthopedic impairment. The determination is based upon both of the following eligibility requirements:

④ ☐ The student has a motor disability and requires special education.

☐ The condition is permanent or is expected to last for more than sixty (60) calendar days.

⑤ Disability: ☐ Primary ☐ Secondary

⑥

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:
- ☐ Statement by pediatrician or other physician (required)
- ☐ Motor assessment (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Student File

Form 581-5148H-X (New11/92)

Statement of Eligibility and MDT Report — Learning Disability
Form R6

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for learning disability;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for learning disability and needs special education.
4. Check off whether the discrepancy/deficit is a result of any of the factors listed.
5. Check what areas are affected.
6. Indicate the date of the classroom observation, the time, who conducted the observation, and that person's title.
7. Indicate the relevant behavior noted and the relationship of that behavior to the student's academic functioning.
8. Indicate any educationally relevant medical findings.
9. Check off whether this is the primary or secondary disabling condition.
10. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination. If an MDT member disagrees, then he or she must attach a statement presenting his/her conclusions.
11. Indicate the date that initial eligibility was established.
12. Indicate the date that eligibility was re-established.
13. Check off all items that are attached to the form.
14. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility and MDT Report — Learning Disability
Form R6

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of learning disability.

④ The discrepancy or deficit is primarily the result of:

- ☐ A visual, hearing, or motor disability
- ☐ Mental retardation
- ☐ Emotional disturbance
- ☐ Environmental, cultural, or economic disadvantage

③ ☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of learning disability. The determination is based upon the following eligibility criteria.

⑤ There is a severe discrepancy between achievement and intellectual ability which is **not correctable** without special education and related services in one or more of the following areas:

- ☐ Oral expression
- ☐ Listening comprehension
- ☐ Written expression
- ☐ Reading comprehension
- ☐ Math calculations
- ☐ Basic reading skills
- ☐ Math reasoning

And/or there is evidence of a deficit in one or more of the following areas which prevents the child from profiting adequately from regular classroom methods and materials without special education:

- ☐ Perception
- ☐ Conceptualization
- ☐ Memory
- ☐ Motor skills
- ☐ Language
- ☐ Control of attention

⑥ Classroom observation: Date _____ Time _____
By _____ Title _____

⑦ Relevant behavior noted and the relationship of that behavior to the student's academic functioning:

_____

_____

⑧ Educationally relevant medical findings, if any:

⑨ Disability: ☐ Primary ☐ Secondary

⑩ Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑪ Date initial eligibility established _____ ⑫ Date eligibility re-established _____

⑬ Attachments:

- ☐ Observation reports (required)
- ☐ Academic/achievement assessment results (required)
- ☐ Physician's statement (if necessary)
- ☐ Assessment results as appropriate: health, vision, hearing, social & emotional status, communicative status and motor abilities (required)
- ☐ General intelligence assessment results (required)
- ☐ Recommendations by the MDT (optional)
- ☐ Other information

⑭ cc: Student File

Form 581-5148I-X (New11/92)

Statement of Eligibility — Serious Emotional Disturbance
Form R7

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for serious emotional disturbance;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for serious emotional disturbance and needs special education.
4. Check off the eligibility requirement(s) the student meets for serious emotional disturbance.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Serious Emotional Disturbance
Form R7

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of serious emotional disturbance.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of serious emotional disturbance. The determination is based upon the following eligibility requirements:

④ The student's emotional problems shall have existed over an extended period and to such a degree as to significantly interfere with the student's educational progress, and the student exhibits one or more of the following:

- ☐ An inability to learn at a rate commensurate with the student's intellectual, sensory-motor and physical development.
- ☐ An inability to establish or maintain satisfactory interpersonal relationships with peers, parents, or teachers.
- ☐ A variety of excessive behavior ranging from hyperactive, impulsive responses, to depression and withdrawal.
- ☐ Inappropriate types of behavior or feelings under normal circumstances.
- ☐ A tendency to develop physical symptoms, pains, or fears associated with personal, social, or school problems.

Students who are socially maladjusted may not be identified as seriously emotionally disturbed unless the student also meets the eligibility criteria listed above.

⑤ Disability: ☐ Primary ☐ Secondary

⑥ Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____ ⑧ Date eligibility re-established _____

⑨ Attachments:
☐ Physician's statement (required) ☐ Observation report (required) ☐ Psychological report (when appropriate)
☐ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Student File

Form 581-5148J-X (New11/92)

Statement of Eligibility — Mental Retardation
Form R8

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for mental retardation;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for mental retardation and needs special education.
4. Check off whether the student meets each eligibility requirement for mental retardation.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Mental Retardation
Form R8

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of mental retardation.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of mental retardation. The determination is based upon all of the following eligibility requirements:

④

☐ The student's intelligence test score is two or more standard deviations below the mean on a standardized intelligence test administered in accordance with OAR 581-15-072.

☐ The student has deficits in adaptive behavior coexistent with impairments in intellectual functioning.

☐ The student's developmental level or educational achievement is significantly below age or grade norms.

☐ And, it has been determined that the student's educational problems are not primarily the result of sensory disabilities and/or physical factors.

⑤ Disability: ☐ Primary ☐ Secondary

⑥

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:

☐ Standardized individual intelligence test results (required)
☐ Statement by pediatrician or other physician (required)
☐ Developmental history (required)
☐ Other information when the minimum requirements do not adequately assess the problem (optional)
☐ Standardized individual educational performance test results (required)
☐ Adaptive behavior test results (required)

⑩ cc: Student File

Form 581-5148K-X (New11/92)

99

Statement of Eligibility — Autism
Form R9

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for autism;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for autism and needs special education.
4. Check off the eligibility requirement(s) the student meets for autism.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Autism
Form R9

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of autism.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of autism. The determination is based upon having four of the five indicators listed below:

④
- ☐ The student exhibits impaired or deviant comprehension and/or use of language.
- ☐ The student exhibits impaired abilities to relate to people or the environment.
- ☐ The student exhibits or previously exhibited disturbances in responses to sensory stimuli.
- ☐ The student exhibits or previously exhibited disturbances in developmental rates and/or sequences.
- ☐ The student exhibits a significant rating on a standardized autism rating scale.

☐ And, it has been determined that the student's educational problems are not primarily the result of sensory disabilities and/or other physical problems.

⑤ Disability: ☐ Primary ☐ Secondary

⑥ Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____

⑧ Date eligibility re-established _____

⑨ Attachments:

- ☐ Developmental history (required)
- ☐ Observation reports (3 - 20 minutes each required)
- ☐ Speech and language assessment report of functional communication (required)
- ☐ Physician's statement (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

⑩ cc: Student File

Form 581-5148L-X (New11/92)

Statement of Eligibility — Deaf/Blind
Form R10

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for deaf/blind;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for deaf/blind and needs special education.
4. Check off the eligibility requirement(s) the student meets for deaf/blind.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Deaf/Blind
Form R10

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of deaf/blind.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of deaf/blind. The determination is based upon one or more of the following eligibility requirements:

④ ☐ The student meets the criteria for visual and hearing impairment in accordance with OAR 581-15-051 per attached documentation (R2 and R3).

☐ The student exhibits inconsistent or inconclusive responses during hearing and/or vision evaluations.

☐ The student exhibits inconsistent responses to auditory and/or visual stimuli in the environment.

☐ The student has degenerative pathology or disease that will affect vision and/or hearing acuity.

Continuation of eligibility status for more than one year for a student suspected of deaf/blind will require a written statement by the multidisciplinary team concerning the status of the suspected visual or auditory impairment. The statement will confirm/deny/continue the student's eligibility status based upon behavioral and observational data compiled over the period of the review [OAR 581-15-051(9)(d)].

⑤ Disability: ☐ Primary ☐ Secondary

⑥

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____ ⑧ Date eligibility re-established _____

⑨ Attachments:
- ☐ Form R2 and attachments (required if first box is checked)
- ☐ Form R3 and attachments (required if first box is checked)
- ☐ Written statement of student's visual or auditory impairment status (required if eligibility is more than one year)

⑩ cc: Student File

Form 581-5148M-X (New11/92)

Statement of Eligibility — Other Health Impairment
Form R11

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for other health impairment;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for other health impairment and needs special education.
4. Check off whether the student meets each eligibility requirement for other health impairment.
5. Indicate the student's health impairment (such as HIV AIDS, diabetes, ADHD).
6. Check off whether this is the primary or secondary disabling condition.
7. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
8. Indicate the date that initial eligibility was established.
9. Indicate the date that eligibility was re-established.
10. Check off all items that are attached to the form.
11. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Other Health Impairment
Form R11

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of other health impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of other health impairment. The determination is based upon the following eligibility requirements:

④ ☐ The student's health condition requires special education.

☐ The student's condition is permanent or is expected to last for more than sixty (60) calendar days.

⑤ The student's "health impairment" is _____.

⑥ Disability: ☐ Primary ☐ Secondary

⑦ Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑧ Date initial eligibility established _____

⑨ Date eligibility re-established _____

⑩ Attachments:

☐ Assessment results showing the impact of the student's health impairment on his/her educational performance (required)
☐ Physician's statement (required)
☐ Other information when the minimum requirements do not adequately assess the problem (optional)

⑪ cc: Student File

Form 581-5148N-X (New11/92)

Statement of Eligibility — Traumatic Brain Injury
Form R12

Instructions

Purpose

This form is used to:

- document that the student meets the eligibility criteria for traumatic brain injury;
- meet the requirements of 34 CFR 300.5 and OAR 581-15-051 regarding the need to establish eligibility for one of the federal disabling conditions in order for the student to receive special education services;
- document the date that initial eligibility was established and the date that the eligibility is re-established; and
- provide a place for the multidisciplinary team to sign the report and indicate whether or not each member agrees or disagrees with the eligibility determination.

Directions

1. Enter student's complete legal name; do not use a nickname. Enter the student's date of birth.
2. Enter the school that the student attends and the student's grade.
3. Check off whether the student meets the eligibility criteria for traumatic brain injury and needs special education.
4. Check off whether the student meets each eligibility requirement for traumatic brain injury.
5. Check off whether this is the primary or secondary disabling condition.
6. Have each MDT member sign the form, indicating his/her title, and whether or not he/she agrees or disagrees with the eligibility determination.
7. Indicate the date that initial eligibility was established.
8. Indicate the date that eligibility was re-established.
9. Check off all items that are attached to the form.
10. Place a copy of this form with all attachments into the student's file.

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Traumatic Brain Injury
Form R12

① Student Name _____ Birth Date (mo/day/yr) _____

② School _____ Grade _____

③ ☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of traumatic brain injury.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of traumatic brain injury. The determination is based upon both of the following eligibility requirements:

④ ☐ The student had a traumatic brain injury which adversely affects educational performance and requires special education.

☐ The condition is permanent or is expected to last for more than 60 calendar days.

⑤ Disability: ☐ Primary ☐ Secondary

⑥ Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

⑦ Date initial eligibility established _____ ⑧ Date eligibility re-established _____

⑨ Attachments:

- ☐ Psychological test results (required)
- ☐ Motor test results (required if student exhibits motor impairments)
- ☐ Speech/language test results (required if student exhibits communication disorders)
- ☐ Observation reports (2 required)
- ☐ Adaptive behavior test results (required)
- ☐ Pre-injury performance information (required)
- ☐ Physician's statement (required)
- ☐ Psychosocial test results (required if student exhibits changed behavior)

⑩ cc: Student File

Form 581-5148O-X (New11/92)

Physician's Statement
Form R13

Instructions

Purpose

This form is used to:

- meet the requirements of OAR 581-15-051 regarding the need for a physician's statement to help determine eligibility for special education and related services.

Directions

1. Enter student's complete legal name; do not use a nickname.
2. Enter the student's date of birth.
3. Check off the suspected disability(ies).
4. The person sending the form to the physician signs here.
5. Enter the address and phone number where the physician can reach the person sending the form.
6. Send a copy to the student's physician. Keep a copy in the student's file until the signed copy from the physician is returned. Once the signed copy is received, attach it to the appropriate Statement of Eligibility form (Forms R2-12) and put it in the student's file.

Date Initiated by District _____
Mo Day Yr

Physician's Statement
Form R13

Student ① _____ Birthdate ② _____

Physician, please examine the student in relation to the suspected disabling condition which has been checked and provide the information requested for that condition.

VISUAL IMPAIRMENT ③ _____

Yes	No	
____	____	The student's residual acuity is 20/70 or less in the better eye with correction.
____	____	The student's visual field is restricted to twenty degrees or less in the better eye.
____	____	The student has an eye condition, either eye pathology or progressive eye disease, that is expected to reduce either acuity or field to one of the above criteria.
____	____	Student is unable to be adequately tested but demonstrates inadequate functional vision.

Diagnosis: _____
Comments: _____

HEARING IMPAIRMENT ③ _____

Is	Is Not	
____	____	The student's conductive hearing loss is or is not currently treatable.
____	____	The use of amplification is or is not appropriate.

Diagnosis: _____
Comments: _____

SPEECH/LANGUAGE IMPAIRMENT ③ _____

Yes	No	
____	____	The student has a voice disorder or other speech and language problem.

Diagnosis: _____
Comments: _____

SERIOUS EMOTIONAL DISTURBANCE ③ _____

Are	Are Not	
____	____	There are/are not physical factors contributing to the student's educational problems.

Diagnosis: _____
Comments: _____

DEAF/BLIND ③ _____

Are	Are Not	
____	____	There are/are not medical conditions affecting vision and hearing.

Diagnosis: _____
Comments: _____

MENTAL RETARDATION ③ _____

Are	Are Not	
____	____	There are/are not physical factors contributing to the student's educational problems.
____	____	There are/are not sensory factors contributing to the student's educational problems.

Diagnosis: _____
Comments: _____

LEARNING DISABILITY ③ _____

Are	Are Not	
____	____	The student's learning disability is the result of a visual, hearing, motor disability, mental retardation, or emotional disturbance.

Diagnosis: _____
Comments: _____

ORTHOPEDIC IMPAIRMENT ③ _____

Is	Is Not	
____	____	The student has a motor disability.
____	____	The condition is permanent or expected to last for more than 60 calendar days.

Diagnosis of motor disability or description of motor limitations: _____
Comments: _____

TRAUMATIC BRAIN INJURY ③ _____

Yes	No	
____	____	The child had a traumatic brain injury which adversely affects educational performance and requires special education.
____	____	The condition is permanent or is expected to last more than 60 calendar days.

Diagnosis: _____
Comments: _____

AUTISM ③ _____

Are	Are Not	
____	____	There are/are not physical factors contributing to the student's educational problems.

Diagnosis: _____
Comments: _____

OTHER HEALTH IMPAIRMENT ③ _____

Yes	No	
____	____	The health impairment is permanent or expected to last for more than 60 days.

Diagnosis or description of health impairment: _____
Comments: _____

Please sign and return to the Special Education staff at the school indicated below.
Name ④ _____
Address ⑤ _____
Phone ⑤ _____
Physician's Signature ⑥ _____ Date ⑥ _____

Form 581-5148P-X (New11/92)

Prior Notice and Consent for Initial Placement into Special Education
Form R14 (Page 1 of 2)

Instructions

Purpose

This page of the form is used to:

- obtain and document parental consent for an initial placement of their child in special education; and
- to meet the requirements of 34 CFR 300.504, 34 CFR 300.505, OAR 581-15-039 and OAR 581-15-075.

This form is to be used for placement into Special Education, not a particular program or school.

NOTE: Form R18 can be used as the prior notice rather than page 1 of this form. **Both** forms meet the regulations. Form R18 is more generic while this form is specific to prior notice for initial placement.

Directions

1. Enter student's complete legal name; do not use a nickname.
2. Justify why placement is needed. This should correspond to the justification of need for special education reported in any evaluation report.
3. Explain what other options were considered prior to this recommended placement in special education such as:
   - Chapter 1 services,
   - classroom accommodations,
   - other programs/services that do not require special education, and/or
   - other special education services that may have been considered.
4. Explain why the options which were considered were deemed not feasible or inappropriate.
5. Use this section, if necessary, to describe any additional information that the multidisciplinary team considered in making its decision.
6. The law requires you to list a description of any procedures, tests, records or reports your team uses as a basis of a proposed placement. List and/or describe each relevant one used. Please explain acronyms.
7. The person sending the letter signs here.
8. Enter the title of the person signing the letter.

This form is continued on pages 36-37.

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Placement into Special Education
Form R14 (Page 1 of 2)

Dear _____:

The multidisciplinary team has found ① _____ eligible to receive special education services. These services will be described in the Individualized Education Program (IEP) which will be written for your child. The multidisciplinary team recommends placement in special education.

We recommend placement in special education because:
②

Other placement options we considered:
③

We rejected these options because:
④

Additional information considered by the multidisciplinary team:
⑤

The following procedure(s), test(s), record(s) or report(s) were relevant to the proposed placement of your child in special education:
⑥

Enclosed is a copy of *Parental Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me.

Sincerely,

Signature ⑦ _____

Title ⑧ _____

Address ⑨ _____

Phone ⑨ _____

Prior Notice and Consent for Initial Placement into Special Education
Form R14 (Page 2 of 2)

Instructions

7. This section must be signed and dated by the parent/guardian/surrogate parent or adult student **prior to** the implementation of any services and placement into special education.

8. If this section is completed **do not** implement the IEP. NOTE: A reason for refusal is not required.

9. Enter the name and address of the person to whom the parent should send the signed form.

10. Enter the date this form is received. **This is a very important date.**

11. When it is returned, place a copy of this form in student's file.

NOTE: Once this written consent is received from the parent, it applies to the **initial placement into special education**. After the next IEP meeting, if the special education placement is going to be changed, the parents are notified of the proposed change of placement. They do not have to consent to it, and if they wish to prevent the placement, they must file for a due process hearing.

Enclosure: *Parental Rights*

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Placement into Special Education
Form R14 (Page 2 of 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for this placement into special education. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL PLACEMENT

I give my permission for placement into special education as described on page 1 of this form. I understand that my consent is voluntary and that it may be revoked for any reason during the initial placement process which ends at the time the next IEP is written.

⑦ _____ ⑦ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

OR

NO CONSENT FOR INITIAL PLACEMENT

Please complete this section and sign here if you **do not** give permission for this placement. (optional)

I **do not** give permission for this placement. My reason(s) for not giving permission are:

_____

_____

_____

⑧ _____ ⑧ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

Please return this form to ⑨ _____ at ⑨ _____.

Date received in district ⑩ _____
Mo Day Yr

Enclosure: *Parental Rights*

⑪ cc: Student File

Form 581-5148Q-X (New11/92) page 2

Notice of Individual Education Program Meeting
Form R15

Instructions

Purpose

This form is used to:

- document that the parent was invited to participate in the development of the individual education program (IEP) at a time and place convenient to parent;
- document that the parent who would be participating in the IEP meeting was notified as per 34 CFR 300.345 and OAR 581-15-067;
- document that the required participants were invited to the IEP meeting as prescribed in 34 CFR 300.344 and OAR 581-15-066; and
- document that the parent was notified that he/she was invited to bring other participants to the IEP meeting.

Directions

1. Enter student's complete legal name; do not use a nickname.
2. Enter the day of the week, date, time and place where you propose to hold the IEP meeting. NOTE: The IEP must be developed within 30 days after the multidisciplinary team (MDT) meeting at which the student was determined eligible for special education services as per 34 CFR 300.343. This date can be found on the Statement of Eligibility Forms R2–R12.
3. Enter the name and telephone number of the person who can be contacted by the parent. This could be a clerical person.
4. Enter date by which parent must notify the contact person that he/she will need to make other arrangements in order to participate in the IEP meeting.
5. Enter names and titles/positions of those who are invited to IEP meeting. Required participants are: (1) a representative of the school district who is qualified to provide/supervise special education services and who is authorized to allocate resources, (2) the student's teacher, (3) parent(s), (4) student, if appropriate, and (5) other people at the discretion of the parent/school. NOTE: For an initial IEP meeting, a member of the evaluation team must be present.
6. Enter the signature of the person sending the form. Send the completed form to the parent(s) within a reasonable amount of time prior to the meeting. ODE recommends 7-10 days.
7. Enter the title of the person sending the form.
8. Enter the address and phone number where the individual writing the letter may be reached.
9. Place copy of this form in student's file.

Enclosure: *Parental Rights*

Date Initiated by District _____
Mo Day Yr

Notice of Individual Education Program Meeting
Form R15

Dear _____:

This is to invite you to a meeting to develop or review an individual education program (IEP) for
① _____.
(Student's Full Name)

An IEP is a plan designed to address the special needs of your child. The development of the IEP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results. If you would like to receive these documents or any other portion of your child's educational records prior to the IEP meeting, please contact me.

The IEP meeting is scheduled for ② _____ (Day), ② _____ (Date), at
② _____ (Time) at ② _____ (Place).
If this is not a convenient time or location, please let ③ _____ (Name) know
at ③ _____ (Phone) by ④ _____ (Date) and we will reschedule the meeting or talk about other ways you can participate.

The people invited to attend are:

Name	Position
⑤ _____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you plan to bring other people with you to this meeting or plan to tape record the meeting, please let me know.

Sincerely,

Signature ⑥ _____ Title ⑦ _____

Address ⑧ _____

Phone ⑧ _____

Enclosure: *Parental Rights*
⑨ cc: Student File

Form 581-5148S-X (New11/92)

Individual Education Program
Form R16a (Page 1 of 4)

Instructions

Purpose

Page 1 of this 4-page form is used to:

- comply with 34 CFR 300.346, 34 CFR 300 Appendix C, and OAR 581-18-068 which mandate the contents of the individual education program (IEP); and
- comply with 34 CFR 300.344 and OAR 581-51-066 which mandates the participants at the IEP meeting.

Directions

1. Enter student's complete legal name; do not use a nickname, initials, or last name of the foster parent or a person acting as a parent.
2. Enter date of birth including month, day and year, and age of the student at the time of the IEP meeting.
3. Enter the date special education eligibility was established including month, day and year.
4. Enter the date of the initial IEP meeting including month, day and year.
5. Enter the actual date this IEP was finalized including month, day and year.
6. Enter next annual review date which is one year from the date this IEP was finalized.
7. Enter the third year reevaluation date which is at least three years from the date initial eligibility was established.
8. Enter student identification number, if your district uses them, or the student's social security number.
9. Indicate the grade the student is in.
10. Write in the school that the student attends, including the address, city, zip code.
11. Enter name and position of participants. Each participant can sign or the IEP meeting coordinator can fill in the name and position of the participants. Be sure to include "other agency" representatives for transition services.
12. Graduation information section: Mark one box either standard diploma or other. If you have checked other, please write in the type of certificate or diploma the student is anticipated to earn. List number of credits presently accrued toward graduation and the number of credits required. Fill in the projected graduation date including month, day and year.
13. Special education services to be provided: First, check off each specially designed service or related service needed by the student. Then, in the first column list the amount of time in minutes or hours per day or week that each service will be provided. In the second column list when the service will begin including month, day and year. In the third column list how long it is anticipated that the service will be needed such as "three weeks," "nine months" or "one year." In the fourth column list a person and/or an agency who will be providing each service. It is not necessary to name a person. However, naming a role/agency such as "speech pathologist/ESD" or "vision specialist/regional program" would be appropriate. In the fifth column, the IEP team considers the need for extended school year services for each area of specially designed service and related services that have been checked for an individual student. Please refer to your district's procedures for determining ESY services.
14. Extent of participation in regular education program: Write in percent of time spent in regular education program **or** list the academic and nonacademic participation of the student. For example, "75% of the time in regular classroom" or "music, PE, art, lunch, recess in the regular program."

Continued on pages 42-47.

Date Initiated by District _____
Mo Day Yr

Individual Education Program
Form R16a (Page 1 of 4)

Student's Name (1) _____
Last First MI
Birth Date (mo/day/yr) (2) _____ Age (2) _____

Date Special Education Eligibility Established (mo/day/yr) (3) _____

Date of Initial IEP (mo/day/yr) (4) _____

Date of IEP Meeting (mo/day/yr) (5) _____

Next Annual Review Due Date (mo/day/yr) (6) _____

Three-year Reevaluation Due Date (mo/day/yr) (7) _____

Student ID #/SS # (8) _____

Grade (9) _____

Attending School (10) _____

Address (10) _____

City, Zip (10) _____

Participants in IEP Meeting (11)

_____ Student's Teacher

_____ District Representative/Title

_____ Parent(s)

_____ Student, When Appropriate

_____ Other/Title

_____ Other/Title

_____ Other/Title

High School Only (graduation information) (12)

Diploma ☐ Standard ☐ Other _____

Current Number of Credits Toward Graduation _____

Number of Credits Required _____

Projected Graduation Date _____

Special Education Services to Be Provided

(13)	Amount of Service (per day/week, etc.)	Projected Dates of Initiation	Anticipated Duration of Services	Provider: LEA, ESD, Regional Program or Other	Extended School Year Services
Specially Designed Services					
☐ Reading					
☐ Math					
☐ Written Language					
☐ Physical Education					
☐ Behavioral					
☐ Speech/Language					
☐ Vocational Education					
☐ Transition Services					
☐ Other _____					
Related Services					
☐ Transportation					
☐ Counseling					
☐ Physical Therapy					
☐ Occupational Therapy					
☐ Psychological					
☐ Speech/Language					
☐ Audiology					
☐ School Health Services					
☐ Social Work					
☐ Recreation					
☐ Educational Interpreter					
☐ Assistive Technology					
☐ Transition Services					
☐ Other _____					

Extent of Participation in Regular Education (14) _____ % of time spent in regular education program _____
OR list academic and nonacademic classes and activities _____

BEST COPY AVAILABLE

47

Individual Education Program
Form R16b (Page 2 of 4)

Instructions

Purpose

Page 2 of this 4-page form is used to:

- comply with 34 CFR 300.346, 34 CFR 300 Appendix C, and OAR 581-15-068 which mandate that the IEP shall include a statement of the student's present levels of educational performance with annual goals, short-term objectives including criteria, schedule and evaluation procedures. Date achieved is optional.
- meet the requirements of 34 CFR 300.18, 34 CFR 300.346, and ORS 343.195 regarding specifying a student's preferences, interests and needs regarding transition and including transition activities on the IEP.

Directions

1. Enter student's complete legal name; do not use a nickname.
2. Enter the name of the area addressed in the goal such as reading, math, study skills, behavior, or transition.
3. Enter the transition service for students 16 years and older and for students below age 16 whose need for transition services may include, but are not limited to postsecondary education, vocational training, integrated employment, continuing and adult education, adult services, independent living, or community participation. If this does not apply to a particular student, enter "NA."
4. Present Level of Educational Performance: Do not use test acronyms unless they are first explained. For example, write the name of the test followed by the abbreviation, such as the Wechsler Intelligence Scale for Children Revised (WISC-R) or Peabody Picture Vocabulary Test-Revised (PPVT-R). Present your findings in vocabulary that would be easily understood by a person not trained in the field of education.
5. Student's Preferences, Interests, Needs Regarding Transition: Indicate the student's preferences, interests and needs as they relate to transition. For example, if the student wants to enroll in community college and become a mechanic, list that here. If this does not apply to a particular student, enter "NA."
6. Annual Goal: There should be a direct relationship between the annual goal and present levels of performance. There should also be a relationship between the goal and the findings in the evaluation or goals in the last IEP, if this is an annual review. Use one page for each goal.
7. Short-term objectives, criteria, evaluation procedures, schedule for review, date achieved: Write **more than one** short-term objective for each goal to show how the goal will be accomplished. Use a numbering system to separate short-term objectives. Use more than one page if space does not allow you to write as many short-term objectives as are needed. Short-term objectives must contain a schedule for review. A short-term objective will also include the behavior and the criteria and may include the condition. Evaluation procedures should be listed for each short-term objective. You can use this form for data collection by indicating the date the objective was achieved (optional).

This form is continued on pages 44-47.

Date Initiated by District _____
Mo Day Yr

Individual Education Program
Form R16b (Page 2 of 4)

Name ① _____ Area ② _____

Transition Service ③ _____

Present Level of Educational Performance ④

Student's Preferences, Interests, Needs Regarding Transition ⑤

Annual Goal ⑥

⑦ Short-term Objective(s)	Criteria	Evaluation Procedures	Schedule for Review	Progress/ Date Achieved

Individual Education Program
Modifications and Accommodations
(Supplementary Aids and Services)
Form R16c (Page 3 of 4)

Instructions

Purpose

The top part of Page 3 of this 4-page form is used to:

- document compliance with 34 CFR 300 Appendix C, question 48, which mandates that when an eligible student with a disability is placed in a regular class program, modifications and adaptations shall be made and described within the IEP, so that the pupil has a genuine opportunity to benefit from regular class placement. They shall be made in as many areas as needed, including instructional time, evaluation procedures, curriculum and materials adaptation, and other areas. Accommodations are required to be carried out and should be carefully considered.

Directions

1. Enter student's complete legal name; do not use a nickname.

2. Describe the modifications and adaptations that will be necessary to ensure this student's successful participation in a regular class program. If a child will be in a program with nondisabled peers, this section probably will be very important to his/her success. You may use a printed checklist of accommodations under this heading.

Purpose

The bottom part of page 3 of this 4-page form is **optional** and is used to:

- assist teachers and consultants in the description and documentation of services provided.

Directions

3. Describe the characteristics of services provided. This is especially helpful if the student is placed in regular education class 100 percent of the time, but still requires some consultation or indirect services.

   - Consultation services are defined as teacher-to-specialist consultation. Examples include:

     consultation with staff to make program refinements;
     consultation with parents;
     technical assistance and training for team members;
     assisting with development, implementation and monitoring of an augmentative communication system; and
     assisting in finding funding sources for equipment.

   - Direct services are described in terms of nature and scope. Nature refers to the subject or skill area. Scope refers to the type or kind of service, condition, extent or range of service (i.e., individualized instruction, small group, large group, peer or volunteer assistance).

   - Indirect services are described as preparation of materials, building equipment, seeking services, and perhaps clerical. Examples of tasks might be obtaining books on tape, checking a student's grades, or enlarging the print on worksheets. Also, assessment of student progress, demonstrations, checking of equipment such as hearing aids or communication devices can be considered indirect services.

This form is continued on pages 46 and 47.

Date Initiated by District _____
Mo Day Yr

Individual Education Program
Modifications and Accommodations
(Supplementary Aids and Services)
Form R16c (Page 3 of 4)

Name ① _____

Please list all supplemental aids necessary to ensure the student's participation in his/her educational program. Goals and objectives may have modifications and adaptations included as a condition. In this event, listing them here again is unnecessary.

②

Characteristics of Service ③

- Consultation Services

- Direct Services

- Indirect Services

Page _____ of _____

Form 581-5148T-X (New11/92) page 3

Individual Education Program
Responsibility for Transition Services
Form R 16d (Page 4 of 4)

Instructions

Purpose

Page 4 of this 4-page form is used to:

- document what agency is responsible for implementing transition services for an individual student as per 34 CFR 300.18, 34 CFR 300.346, 34 CFR 300.347, and ORS 343.195.
- document what transition services are being provided for the student as per 34 CFR 300.18, 34 CFR 300.346, and ORS 343.195.

Directions

1. Enter student's complete legal name; do not use a nickname.
2. List the responsibilities for the parent/student for each short-term objective relating to transition from Form R 16b — Page 2 of the IEP.
3. List the responsibilities for the school district for each short-term objective relating to transition from Form R 16b — Page 2 of the IEP.
4. List the appropriate adult agency and the responsibilities for that agency for each short-term objective relating to transition from Form R 16b — Page 2 of the IEP.

Date Initiated by District _____
Mo Day Yr

Individual Education Program
Responsibility for Transition Services
Form R16d (Page 4 of 4)

Name ① _____

TEAM MEMBER RESPONSIBILITIES			
SHORT-TERM OBJECTIVES	**PARENT/STUDENT**	**SCHOOL DISTRICT**	**ADULT AGENCY** (list agency as well as responsibilities)
OBJECTIVE 1	②	③	④
OBJECTIVE 2			
OBJECTIVE 3			
OBJECTIVE 4			
OBJECTIVE 5			
OBJECTIVE 6			

Prior Notice of Reevaluation and/or Consent for Intelligence or Personality Testing Form R17

Instructions

Purpose

This form is used to:

- meet requirements of 34 CFR 300.504(a), 34 CFR 300.505 and OAR 581-15-075 which mandate that the district provide the parent with an explanation regarding why it plans to reevaluate, what options were considered and why any of the options were rejected; and

- meet the requirements of OAR 581-21-030(2)(a) which mandates that before administering individual intelligence tests or personality tests, districts shall inform parents and get consent in writing.

NOTE: Form R18 can be used as the prior notice form rather than this form. **Both** forms meet the regulations. However, if Form R18 is used, consent must be granted on a separate form if intelligence or personality testing are planned.

Directions

1. Check the box or boxes that apply. You may end up checking both if you want to do intelligence and/or personality testing in your reevaluation. Prior notice must always be given. Consent is only needed on this form if the district plans to conduct an individual intelligence test or personality tests as part of the three-year evaluation.

2. Enter student's complete legal name; do not use a nickname.

3. Indicate reasons for the reevaluation by checking a box next to the explanation which best describes the reason for this reevaluation.

4. If this is a required three-year reevaluation, provide this as the reason why no other options were considered prior to conducting this reevaluation. If the multidisciplinary team is considering a significant change in programming/placement, explain what program/placement options have been tried and/or those that do not seem feasible.

5. If this is a required three-year reevaluation, explain that no options will be considered until the results of the reevaluation are reviewed. If you are considering a significant change in program/placement, provide a description of any options that were considered and reasons why those options were rejected before it was decided that a significant change of placement must be considered.

6. Add any other relevant information here.

7. This section meets the requirements for 34 CFR 300.505 and OAR 581-15-075. The law requires a description of each evaluation, procedure, test record or report used as a basis of a proposed evaluation. Indicate the areas to be tested from the list below. You must name and describe each test used. Acronyms must be explained.

   intelligence, hearing, personality/emotional/behavior, physical/occupational therapy, adaptive PE, academic achievement, speech/language, adaptive behavior, vocational, medical/health, observations, vision, other

8. This box is checked only if notice is required. Parent signature is not required for reevaluation <u>unless</u> the district conducts an individual intelligence test or personality tests as part of the reevaluation.

9. Check this box if consent is required because an individual intelligence or personality testing is needed.

10. This section must be signed and dated by the parent/guardian/surrogate parent/adult student before an intelligence or personality test is given.

11. Place a copy of this form in the student's file.

Enclosure: *Parental Rights*

Date Initiated by District _____
Mo Day Yr

① ☐ **Prior Notice of Reevaluation and/or**
☐ **Consent for Intelligence or Personality Testing**
Form R17

Dear _____:

As you know ② _____ is currently receiving special education services. We plan to evaluate your child because:

③ ☐ We are required to consider your child's eligibility for special education every three years.
☐ We need more information for program planning.
☐ We are considering a significant change of placement.
☐ Other _____

Other placement options we considered
④

We decided against these options because
⑤

Any other additional information considered by the multidisciplinary team
⑥

This reevaluation may result in (1) your child continuing in his/her present placement, (2) the IEP team recommending a change in placement, or (3) a recommendation that your child not receive services.

The evaluation procedures, assessment, and/or tests we plan to use may include the following:
⑦

⑧ ☐ It is not necessary for you to sign this form and return; this is not an initial evaluation or individual intelligence or personality testing. Thank you for assisting the school district in meeting your child's education needs.

⑨ ☐ Your written permission is required because this is an individual intelligence or personality testing.

I understand that the granting of consent is voluntary and may be revoked at any time.

⑩ ☐ Permission is given to evaluate.
☐ Permission is denied to evaluate.

_____	_____	_____	_____
Parent/Guardian/Surrogate/Adult Student	Date	Work Phone	Home Phone

Enclosure: *Parental Rights*
cc: Student File ⑪
Form 581-5148Y-X (New11/92)

Prior Notice of Proposal or Refusal to Initiate a Change
Form R18

Instructions

Purpose

This form is used to:

- meet requirements of 34 CFR 300.504(a)(1), 34 CFR 300.505, and OAR 581-15-075 which mandate that the district provide the parent with advance notice of the initiation or refusal of a change in the identification, evaluation, placement, IEP, or in the provision of a free appropriate public education for the child, which contains an explanation regarding why it plans to initiate or refuse the change, what options were considered, and why any of the options were rejected;

- meet the requirements of OAR 581-21-075 that parents be informed about their procedural safeguards whenever they are notified about an initiation or refusal to change the identification, evaluation, placement, IEP, or the provision of a free appropriate public education for their child; and

- meet the requirement of OAR 581-15-075 which mandates that a comprehensive reevaluation is required whenever there is a proposal to significantly alter a pupil's program or placement.

NOTE: This form may be used for situations in which the student's placement/IEP changes or because the multidisciplinary team has declared him/her no longer eligible and in need of special education services or where the individualized education program (IEP) team has decided that new IEP goals and objectives are needed or can be better met in an educational program or placement different from the current one. Form R1 may be used rather than this form for initial evaluation. Form R14 may be used rather than this form for initial placement. Form R17 may be used rather than this form for reevaluation.

Directions

1. Check the change that you are initiating.

2. Enter student's complete legal name; do not use a nickname.

3. Indicate which team has made decision to initiate or refuse to change. Circle the team which made the decision. NOTE: A multidisciplinary team has to make the decision to change the placement from special education to basic/regular education or any other change in placement.

4. Describe the proposed change.

5. Describe the reasons for the proposed change. Refer to current evaluation information to make certain that reasons for the change are supported by the evaluation information.

6. Explain what options have been tried. Make certain that the options considered are supported by the evaluation information.

7. Explain why those options did not seem feasible. Make certain that the options rejected are supported by the evaluation information.

8. Add any other relevant information here. Include a description of each evaluation procedure, test, record, or report used in the decision to initiate or refuse the change.

9. The person sending the letter signs here.

10. Enter the title of the person signing the letter.

11. Enter the address and phone number where the individual writing the letter may be reached.

12. Place a copy of this form in student's file.

Enclosure: *Parental Rights*

Date Initiated by District _____
Mo Day Yr

Prior Notice of Proposal or Refusal to Initiate a Change
Form R18

Check all that apply: ①

☐ Identification/Evaluation
☐ Individualized Education Program
☐ Placement
☐ Provision of a Free Appropriate Public Education

Dear _____:

Based on recent evaluation information for ② _____, the
(Student's Full Name)
③ IEP/multidisciplinary team *(circle one)* has determined the following change for your child from
④

The team decided on this change because:
⑤

Other options we considered were:
⑥

We rejected these options because:
⑦

Additional information considered by the team including a description of each evaluation procedure, test, record or report:
⑧

Enclosed is a copy of *Parental Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me.

Sincerely,

Signature ⑨ _____ Position ⑩ _____

Address ⑪ _____

Phone ⑪ _____

Enclosure: *Parental Rights*
cc: Student File ⑫

Form 581-5148Z-X (New11/92)

57

Permission to Obtain and Release Information
Form R19

Instructions

Purpose

This form is used to:

- obtain the parent signature in order to obtain or release information contained in the student's file; and
- meet the requirements of 34 CFR 300.571 and 45 CFR 99.30 regarding parent consent to release confidential information.

Directions

1. Enter the name of the parent, surrogate parent, or guardian.
2. Circle "obtain", "release", or both if applicable.
3. Enter student's cornplete legal name; do not use a nickname.
4. Enter your phone number.
5. Enter your name and title.
6. Indicate the school, agency or person(s) who will release the information.
7. Indicate the school, agency or person(s) who will receive the information.
8. Enter the purpose or reason for the disclosure.
9. Enter student's complete legal name; do not use a nickname.
10. Enter student's date of birth.
11. Check off the information requested to be released.
12. Enter the name and address of the person to whom the parent should send the signed form.
13. Send a copy to the parent, surrogate parent, or guardian. Keep a copy in the student's file until the signed copy from the parent is returned. Once the signed copy is returned, place it in the student's file.

Date Initiated by District _____
Mo Day Yr

Permission to Obtain and Release Information
Form R19

Dear ① _____:

In order for us to ② obtain/release *(circle one)* information regarding your child, ③ _____, please complete and return one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions, contact me at ④ _____.

Sincerely,

⑤ _____ ⑤ _____
Name of School District Contact Person Title of School District Contact Person

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

I, the undersigned, hereby request and authorize [school, agency(ies), or person] ⑥ _____

to release to ⑦ _____

the information which I have indicated below, for the purpose of ⑧ _____

Name of child ⑨ _____ Date of birth ⑩ _____

⑪
- ☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- ☐ Medical and/or related health records
- ☐ Psychological evaluations or social work reports
- ☐ Multidisciplinary team evaluations and related reports
- ☐ Appropriate agency reports
- ☐ Individualized education program
- ☐ Others (specify) _____

_____ _____
Signature of Parent, Legal Guardian, or Surrogate Parent Date

Please return this form to ⑫ _____ at ⑫ _____.

This release form is valid for one year from date of signature, unless specified otherwise.

cc: Student File ⑬

Form 581-5148AA-X (New11/92)

School Officials Having Access to Student Records
Form O3

Instructions

Purpose

This form is used to:

- meet the requirements of 34 CFR 300.572 regarding the school district keeping a list of those school employees who, because of their legitimate educational interest, may have access to personally identifiable information without consent from the parent, guardian, or student.

Directions

1. Enter the current school year.
2. List those school employees and their positions who may have access to personally identifiable information.

This list may be posted on the file cabinet, in a file, or in a place where it is accessible to the "keeper of the records."

Date Initiated by District _____
Mo Day Yr

School Officials Having Access to Student Records
Form O3

① _____ School Year

Following is a current list of the names and positions of those school officials (including teachers) in the district who, because of their legitimate educational interest, may have access to personally identifiable information without consent from the parent, legal guardian, or eligible student. As required by the Buckley Amendment (45 CFR Part 99.5), the school district student records policy specifies the criteria for determining which parties are "school officials" and what the district considers to be "a legitimate educational interest."

NOTE: The requirement to maintain a record of parties requesting or gaining access to a student's records does *not* apply to the following persons.

② Name	Position	Name	Position

Form 581-5148BB-X (New11/92)

Record of Request for or Disclosure of Student Records
Form O4

Instructions

Purpose

This form is used to:

- meet the requirements of 34 CFR 300.563 and 45 CFR 99.32 regarding the disclosure of student records.

Directions

This form should be completed by any person reviewing the student's file except for disclosures to a parent or eligible student, requests by or disclosures to an authorized school employee, disclosures pursuant to the written consent of a parent or eligible student, or requests for or disclosures of directory information.

A copy should not be kept in the student's file unless it is in a sealed envelope. This form may be inspected only by: a) the parent of the student, b) an eligible student, c) the school official and assistants who act as custodians of the records, and d) authorized parties who are responsible for auditing recordkeeping procedures of the district.

Date Initiated by District _____
Mo Day Yr

Record of Request for or Disclosure of Student Records
Form O4

Student's Full Name _____ Birth Date (mo/day/yr) _____

As required by law, the school district maintains a record of all requests for and disclosures of personally identifiable information from the educational records of each student. The information below must be completed except for disclosures to a parent or eligible student, requests by or disclosures to an authorized school employee, disclosures pursuant to the written consent of a parent or eligible student, or requests for or disclosures of directory information.

Party Requesting or Obtaining Information	Date Access Granted

Legitimate Interest/Purpose of Party in Requesting or Obtaining Information _____

NOTE: According to the Family Education Rights and Privacy Act, this record of disclosure may be inspected only by: a) the parent of the student, b) an eligible student, c) the school official and assistants who act as custodians of the records, and d) authorized parties who are responsible for auditing recordkeeping procedures of the district.

Form 581-5148CC-X (New11/92)

Appendix A

Written Prior Notice

Questions and Answers

1. **Is written prior notice required when the school conducts screening with all children in a school, grade or class?**

   No. Such screening includes basic tests administered to or procedures used with all children in a school, grade, or class and does not require written prior notice.

2. **Is written prior notice required when a school promotes a student from one grade to another?**

   No.

3. **Is it necessary to provide written prior notice for assessing student progress for purposes of annual review of the IEP?**

   No. You are merely assessing progress toward meeting goals and objectives and you are using testing data for the purposes of setting new goals and objectives.

4. **Is it necessary to send all written prior notices by certified or registered mail or to deliver them in person?**

   No, only in contested cases. See the Attorney General's Model Rules of Procedures under the Administrative Procedures Act, ORS 183.030(4).

5. **Is there a requirement to provide written prior notice for the IEP meeting?**

   No. The requirement for written prior notice describing the proposed action and informing parents of their legal rights does not apply to IEP meetings. However, the district is required to notify the parents in writing of the (1) purpose, (2) time, (3) place of the meeting, and (4) who will attend (OAR 581-15-067).

6. **Is it necessary to provide written prior notice when conducting the reevaluation as is required every three years?**

   Yes, written prior notice is required. You are again determining whether a child has a disability as well as the nature and extent of special education services required. (Written parental consent is not required unless individual intelligence or personality testing is proposed according to OAR 581-21-030.)

7. **Is written prior notice required when changing the special education services (placement) which are specified on the child's IEP (e.g., physical therapy, resource room help, adaptive physical education, self-contained classroom)?**

   Yes. These changes will be developed with the parents in an IEP meeting, and written prior notice is required before implementing them. (Written parental consent is not required.)

8. **Is written prior notice required for a change in a child's long-term goals and/or short-term objectives?**

   Yes. OAR 581-15-075 requires that written prior notice be given to parents prior to changing a student's IEP.

9. **Is written prior notice required when terminating a child from special education services?**

   Yes. Termination constitutes a change in placement. (Written parental consent is not required.)

10. **What does "proposes to initiate or change identification of the child" mean?**

    This means that the district is proposing to determine whether the child has a disability according to minimum criteria outlined in OAR 581-15-051 or to determine that the child is not in need of special education services.

11. **What would satisfy the requirement for written prior notice when a district "proposes to initiate or change the identification of a child"?**

Written prior notice for evaluation, or reevaluation to establish the child's identification as disabled, or not disabled, can satisfy the requirement.

12. **What are the most typical circumstances under which written prior notice is required?**

- Before initial evaluation.
- Before reevaluation—as required every three years or more frequently if conditions warrant or if the child's parent(s) or teacher requests an evaluation.
- Before initially placing a child in any program of special education services.
- Before making a change in placement (e.g., services specified in the IEP such as adaptive P.E., speech therapy, resource room).
- When proposing to initiate or change the identification of a child.
- Before terminating a child from special education services.
- When refusing a parental request to initiate or change the identification, evaluation, or placement of a child.
- Before a change in the student's long-term goals and/or short-term objectives. NOTE: Under the requirements of PL 94-142, written notice and consent are required for both pre-placement evaluation and initial placement. However, *only* written notice is required for reevaluations, changes in placement, or any other action which the agency proposes or refuses to take with respect to the identification, evaluation, or educational placement of the child, or the provision of a free appropriate public education to the child.

13. **As related to the requirements for prior notice, what are some examples of "a description of any options the school district considered and the reasons why those options were rejected"?**

- The district considered Chapter I placement but felt that the child's needs could not be fully met in that program, and that the student should be evaluated for eligibility to receive special education services.
- The district considered a change in placement or an IEP change (in lieu of reevaluation) but decided that the student's needs should be re-assessed.
- The district considered termination instead of a change in placement but decided that the student needed the support of itinerant services.

14. **Should the Children's Services Division (CSD) be provided with written prior notice for children under their guardianship?**

PL 94-142 does not require that anyone other than the parent or surrogate parent, be provided with written prior notice. However, since CSD often has a need to be involved when a child under their guardianship is physically moved from one placement to another (e.g., from one building to another or to an alternative school placement), it would be appropriate to inform CSD when such changes are being proposed. This is a matter of keeping CSD informed of changes which might affect their responsibility for the care and maintenance of the child. Notification, which need not be a formal notice, should be made to the local CSD office branch manager.

15. **What does "changing or refusing to change the provision of a free appropriate public education" mean?**

It means changing or refusing to change the child's special education and related services which:

a. are provided at public expense, under public supervision and direction, and without charge;
b. meet the standards of the Oregon Department of Education (i.e., OAR 581-15-005 through 581-15-500);
c. include elementary and secondary school education; and
d. are provided in conformity with an IEP.

Appendix B

Written Parental Consent

Questions and Answers

1. **Is it necessary to have separate prior notice and parental consent forms?**

   No. These forms may be combined. The three circumstances requiring parental consent (pre-placement evaluation, initial placement, and administration of an individual intelligence test or test of personality) also require prior notice. It may be more efficient administratively to combine the two into a single form.

2. **Should a copy of the prior notice and parental consent be kept?**

   It is suggested that these be kept as a means to document that procedural safeguards of notice and consent have been followed.

3. **Is it required that specific tests be listed by name on the parental consent form for evaluation?**

   Yes. Under PL 94-142, a parent must be "fully informed of all information relevant to the activity for which consent is sought . . ." Thus, in obtaining consent for pre-placement evaluation if the agency plans to give a particular test to a child, the parents must be fully informed about that test. In cases where the actual tests to be given to a child are not known in advance of the testing situation, the agency must give parents a description of the general *kinds* of tests that will be used (e.g., an individually administered test of general intelligence, such as the Wechsler Intelligence Scale for Children or the Stanford-Binet Intelligence Scale).

4. **What happens if a parent refuses to grant written consent for pre-placement evaluation or initial placement?**

   The district could initiate a hearing under OAR 581-15-081. Or, the district could abide by the parent's wishes, but it is suggested that the district document the parent's refusal in a statement signed by the parent outlining the services which were recommended and refused. NOTE: When parental refusal is encountered, it would be a matter of best practice for district representatives to meet with the parent to thoroughly discuss the proposed action and possible alternative action to avoid refusal on the basis of parental misunderstanding.

5. **Are there any circumstances under which a district may conduct a pre-placement evaluation or initially place a child without written parental consent?**

   Yes, if as a result of a hearing, a final order under OAR 581-15-088 has been issued determining that the evaluation or placement is appropriate, then written parental consent is not necessary.

6. **Is it necessary to obtain written parental consent when conducting the reevaluation as is required every three years?**

   Consent is not required unless an individual intelligence test or test of personality is administered in which case written consent is required under OAR 581-21-030. (Written prior notice is always required for reevaluation.)

7. **Is written parental consent required when changing the child's special education placement (i.e., the special education services which are specified on the child's IEP such as physical therapy, resource room help, adaptive physical education, self-contained classroom)?**

   No. Written parental consent is not required for any changes occurring after the child is once receiving any special education services. (Written prior notice is required.)

8. **Is written parental consent required when evaluating a child to determine eligibility to receive services under an additional disabling condition (e.g., a child who is receiving services as Educable Mentally Retarded and who the district wants to evaluate for a physical handicap)?**

No. The only evaluation requiring written parental consent is the pre-placement evaluation which means the evaluation preceding the child's first placement in any program of special education services. However, written parental consent must always be obtained whenever the child is given an individual intelligence test or a test of personality.

NOTE: After written parental consent is obtained for a child to be evaluated for the first time (pre-placement evaluation) and is again obtained for the child to receive any special education service for the first time (initial placement), consent is not required again for any change in program services or placement, or for any future evaluation unless the child is later to be given an intelligence test or a test of personality which always requires written parental consent.

It appears that when the law was written, it was assumed that once the child was identified as disabled, a smooth progression would follow: annual review of the IEP with the parents, prior written notice for any changes in services developed in the IEP meeting, and reevaluation with prior written notice every three years.

There are, however, other circumstances which might occur and the law does not seem to provide adequately for them. Districts may, therefore, wish to obtain written parental consent for circumstances which do not fit the smooth progression assumed in the law. For instance, a child may be terminated from special education services and later referred for evaluation for another disability. Although the law suggests that written parental consent is not required for evaluation or placement, the district might choose to obtain it. In fact, districts might choose to obtain written parental consent any time a child is evaluated for an additional disability even though the law does not require it.

APPENDIX C

PHOTOCOPY READY FORMS

63

Date Initiated by District _____
Mo Day Yr

Referral for Special Education

Student Name _____ Birth Date (mo/day/yr) _____

School _____ SS# _____ Grade _____

Parent or Guardian Name _____ Phone: w/ _____ h/ _____

Address _____

Referring Party _____ Phone _____

1. Check the specific area of concern. Next to each area of concern is listed the work samples, information or evidence that will help the MDT plan an evaluation. Please provide the MDT with this information.

- ☐ Cognitive development/mental abilities — standardized test scores
- ☐ Reading — fluency rate, unit tests, comprehension work samples, achievement test scores
- ☐ Written Language — examples of composition (best, worst, typical), dictation, copying (near and far), spelling tests
- ☐ Math — work samples, achievement tests, fact fluency rates
- ☐ Oral Language and Speech — description of the speech or language problem (receptive or expressive)
- ☐ Classroom Performance — grades in areas of concern, tests, work samples, rate of work completion
- ☐ Study Skills — description of organizational skills, grades, use of texts
- ☐ Social Behavior — behavioral referrals, anecdotal history, observations
- ☐ Motor skills — description of skill level in PE, writing sample
- ☐ Hearing
- ☐ Vision
- ☐ Other _____

2. Review the cumulative folder and behavioral file for pertinent information:

Previous educational history in area of concern _____

_____

Previous report card(s) _____

Group achievement tests _____

Attendance/Health _____

Primary language _____

3. Describe any interventions used to try to remediate the problem _____

_____

_____

All referrals must be filled out in full and accompanied by a current signed parent consent form (Form R19) for exchange of information and pertinent records.

Action by MDT:

Describe what action will be taken _____

Indicate who will take the action and when _____

Indicate the date the parent was notified of this referral (mo/day/yr) _____

Form 581-5148A-X (New 11/92)

Date Initiated by District _____
Mo Day Yr

Parent Notification of Team Referral

Dear _____:

Your child, _____, has been referred to the school's referral team.

The purpose of the team is to develop a plan to help students who are experiencing difficulty in the classroom. Your child has been experiencing the following difficulties:

The classroom teacher has tried the following to assist your child:

A member of the referral team will contact you after the meeting to be held on _____ (mo/day/yr). If you would like further information, please call me.

Sincerely,

Signature _____

Title _____

Address _____

Phone _____

Students who are experiencing substantial academic or social difficulty in school may need a special education evaluation. If you feel your son or daughter requires such an evaluation, you may request one through the referral team. The building referral team may also recommend such an evaluation. I have enclosed a brochure that explains your rights regarding such an evaluation if you or the referral team believe one is necessary. An evaluation will not be done without your written consent.

Enclosure: *Parental Rights*

Form 581-5148B-X (New 11/92)

BEST COPY AVAILABLE

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation

(page 1)

Dear _____:

As you know, _____ has been referred for assessment or
(Student's Full Name)
evaluation to determine eligibility for special education services. We refer to this as an educational evaluation. The results will help us teach your child. It is expected that this evaluation will be completed within _____ days.

We plan to evaluate your child because:

Other options we considered were:

We decided against those options because:

Any other additional information considered by the multidisciplinary team:

The evaluation procedures, assessment, and/or tests we plan to use include the following:

Enclosed is a copy of *Parental Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me.

Sincerely,

Signature _____

Title _____

Phone _____

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Evaluation
(page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for the evaluation to begin. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL EVALUATION

I give my permission for the evaluation to begin. I understand that my consent is voluntary and that it may be revoked for any reason during the initial evaluation process.

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

OR

NO CONSENT FOR INITIAL EVALUATION

Please complete this section and sign here if you **do not** give permission for the evaluation (optional).

I **do not** give permission for the initial evaluation. My reason(s) follow:

_____

_____

_____

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

Please return this form to_____ at _____

Date received in district _____
Mo Day Yr

Enclosure: *Parental Rights*

cc: Student File

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Visual Impairment

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of visual impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of visual impairment. The determination is based upon one or more of the following eligibility requirements:

- ☐ The student's residual acuity is 20/70 or less in the better eye with correction.
- ☐ The student's visual field is restricted to 20 degrees or less in the better eye.
- ☐ The student has an eye condition, either an eye pathology or a progressive eye disease which, in the opinion of the ophthalmologist or optometrist, is expected to reduce either acuity or field to the criteria stated above.
- ☐ The student is unable to be adequately tested or demonstrates inadequate functional vision.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
- ☐ Ophthalmology or optometry report (required)
- ☐ Functional vision assessment report or informal observation (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Student File

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Hearing Impairment

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of hearing impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of hearing impairment. The determination is based upon one or both of the following eligibility requirements:

☐ The student has a pure tone average loss of 25dbHL or greater in the better ear for frequencies of 500, 1000, and 2000 Hz or a pure tone average loss of 35dbHL or greater in the better ear for frequencies of 3000, 4000, and 6000 Hz. The loss can be sensorineural or conductive, if the conductive loss has been determined to be currently not treatable by a physician (see attached report from licensed audiologist).

☐ A student with unilateral hearing impairment will be considered for eligibility on an individual basis if the student has a significant educational deficit that can be attributed to the hearing loss.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
- ☐ Audiological report (required)
- ☐ Physician's statement (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Student File

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Speech/Language Impairment

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of speech/language impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of speech/language impairment. The determination is based upon one or more of the following eligibility requirements:

☐ **Articulation Disorder** — The student, given a test of articulation competence following developmental norms, exhibits disordered misarticulations of one or more phonemes and the articulation disorder interferes with communication, and calls attention to itself.

☐ **Voice Disorder** — The student demonstrates chronic vocal characteristics that deviate in at least one of the areas of pitch, quality, intensity, and/or resonance (see attached physician's statement).

☐ **Fluency Disorder** — The student demonstrates an interruption in the rhythm and/or rate of speech, which is characterized by hesitations, repetitions, and/or prolongations of sounds, syllables, words, or phrases and the disorder interferes with communication and calls attention to itself.

☐ **Language Disorder** — The student demonstrates a significant delay in one or more of the following areas as indicated by standard tests and/or language samples such to interfere with the student's educational progress:

☐ phonology ☐ morphology ☐ pragmatics
☐ syntax ☐ semantics

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established_____ Date eligibility re-established _____

Attachments:
☐ Language sample (optional) ☐ Speech and language assessment (required)
☐ Hearing screening (required) ☐ Statement by an otolaryngologist or other physician (required)
☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Student File

Form 581-5148G-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Orthopedic Impairment

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of orthopedic impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of orthopedic impairment. The determination is based upon both of the following eligibility requirements:

- ☐ The student has a motor disability and requires special education.
- ☐ The condition is permanent or is expected to last for more than sixty (60) calendar days.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:
- ☐ Statement by pediatrician or other physician (required)
- ☐ Motor assessment (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Student File

Form 581-5148H-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility and MDT Report — Learning Disability

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of learning disability.

The discrepancy or deficit is primarily the result of:

- ☐ A visual, hearing, or motor disability
- ☐ Mental retardation
- ☐ Emotional disturbance
- ☐ Environmental, cultural, or economic disadvantage

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of learning disability. The determination is based upon the following eligibility criteria.

There is a severe discrepancy between achievement and intellectual ability which is **not correctable** without special education and related services in one or more of the following areas:

- ☐ Oral expression
- ☐ Listening comprehension
- ☐ Written expression
- ☐ Reading comprehension
- ☐ Math calculations
- ☐ Basic reading skills
- ☐ Math reasoning

And/or there is evidence of a deficit in one or more of the following areas which prevents the child from profiting adequately from regular classroom methods and materials without special education:

- ☐ Perception
- ☐ Conceptualization
- ☐ Memory
- ☐ Motor skills
- ☐ Language
- ☐ Control of attention

Classroom observation: Date _____ Time _____

By _____ Title _____

Relevant behavior noted and the relationship of that behavior to the student's academic functioning:

_____

_____

Educationally relevant medical findings, if any:

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____ Date eligibility re-established _____

Attachments:

- ☐ Observation reports (required)
- ☐ Academic/achievement assessment results (required)
- ☐ Physician's statement (if necessary)
- ☐ Assessment results as appropriate: health, vision, hearing, social & emotional status, communicative status and motor abilities (required)
- ☐ General intelligence assessment results (required)
- ☐ Recommendations by the MDT (optional)
- ☐ Other information

cc: Student File

Form 581-5148I-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Serious Emotional Disturbance

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of serious emotional disturbance.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of serious emotional disturbance. The determination is based upon the following eligibility requirements:

The student's emotional problems shall have existed over an extended period and to such a degree as to significantly interfere with the student's educational progress, and the student exhibits one or more of the following:

- ☐ An inability to learn at a rate commensurate with the student's intellectual, sensory-motor and physical development.
- ☐ An inability to establish or maintain satisfactory interpersonal relationships with peers, parents, or teachers.
- ☐ A variety of excessive behavior ranging from hyperactive, impulsive responses, to depression and withdrawal.
- ☐ Inappropriate types of behavior or feelings under normal circumstances.
- ☐ A tendency to develop physical symptoms, pains, or fears associated with personal, social, or school problems.

Students who are socially maladjusted may not be identified as seriously emotionally disturbed unless the student also meets the eligibility criteria listed above.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____ Date eligibility re-established_____

Attachments:
☐ Physician's statement (required) ☐ Observation report (required) ☐ Psychological report (when appropriate)
☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Student File

Form 581-5148J-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Mental Retardation

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of mental retardation.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of mental retardation. The determination is based upon all of the following eligibility requirements:

- ☐ The student's intelligence test score is two or more standard deviations below the mean on a standardized intelligence test administered in accordance with OAR 581-15-072.
- ☐ The student has deficits in adaptive behavior coexistent with impairments in intellectual functioning.
- ☐ The student's developmental level or educational achievement is significantly below age or grade norms.
- ☐ And, it has been determined that the student's educational problems are not primarily the result of sensory disabilities and/or physical factors.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Standardized individual intelligence test results (required)
- ☐ Statement by pediatrician or other physician (required)
- ☐ Developmental history (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)
- ☐ Standardized individual educational performance test results (required)
- ☐ Adaptive behavior test results (required)

cc: Student File

Form 581-5148K-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Autism

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of autism.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of autism. The determination is based upon having four of the five indicators listed below:

- ☐ The student exhibits impaired or deviant comprehension and/or use of language.
- ☐ The student exhibits impaired abilities to relate to people or the environment.
- ☐ The student exhibits or previously exhibited disturbances in responses to sensory stimuli.
- ☐ The student exhibits or previously exhibited disturbances in developmental rates and/or sequences.
- ☐ The student exhibits a significant rating on a standardized autism rating scale.

☐ And, it has been determined that the student's educational problems are not primarily the result of sensory disabilities and/or other physical problems.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Developmental history (required)
- ☐ Observation reports (3 - 20 minutes each required)
- ☐ Speech and language assessment report of functional communication (required)
- ☐ Physician's statement (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Student File

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Deaf/Blind

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of deaf/blind.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of deaf/blind. The determination is based upon one or more of the following eligibility requirements:

- ☐ The student meets the criteria for visual and hearing impairment in accordance with OAR 581-15-051 per attached documentation (R2 and R3).
- ☐ The student exhibits inconsistent or inconclusive responses during hearing and/or vision evaluations.
- ☐ The student exhibits inconsistent responses to auditory and/or visual stimuli in the environment.
- ☐ The student has degenerative pathology or disease that will affect vision and/or hearing acuity.

Continuation of eligibility status for more than one year for a student suspected of deaf/blind will require a written statement by the multidisciplinary team concerning the status of the suspected visual or auditory impairment. The statement will confirm/deny/continue the student's eligibility status based upon behavioral and observational data compiled over the period of the review [OAR 581-15-051(9)(d)].

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____ Date eligibility re-established _____

Attachments:

- ☐ Form R2 and attachments (required if first box is checked)
- ☐ Form R3 and attachments (required if first box is checked)
- ☐ Written statement of student's visual or auditory impairment status (required if eligibility is more than one year)

cc: Student File

Form 581-5148M-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Other Health Impairment

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of other health impairment.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of other health impairment. The determination is based upon the following eligibility requirements:

- ☐ The student's health condition requires special education.
- ☐ The student's condition is permanent or is expected to last for more than sixty (60) calendar days.

The student's "health impairment" is _____.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____

Date eligibility re-established _____

Attachments:

- ☐ Assessment results showing the impact of the student's health impairment on his/her educational performance (required)
- ☐ Physician's statement (required)
- ☐ Other information when the minimum requirements do not adequately assess the problem (optional)

cc: Student File

Date Initiated by District _____
Mo Day Yr

Statement of Eligibility — Traumatic Brain Injury

Student Name _____ Birth Date (mo/day/yr) _____

School _____ Grade _____

☐ The multidisciplinary team has determined that the above-named student **is not eligible** for special education in the category of traumatic brain injury.

☐ The multidisciplinary team has determined that the above-named student **is eligible** for and **needs** special education in the category of traumatic brain injury. The determination is based upon both of the following eligibility requirements:

- ☐ The student had a traumatic brain injury which adversely affects educational performance and requires special education.
- ☐ The condition is permanent or is expected to last for more than 60 calendar days.

Disability: ☐ Primary ☐ Secondary

Signatures of Team Members	Title	Agree	Disagree
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐
_____	_____	☐	☐

Date initial eligibility established _____ Date eligibility re-established _____

Attachments:

- ☐ Psychological test results (required)
- ☐ Motor test results (required if student exhibits motor impairments)
- ☐ Speech/language test results (required if student exhibits communication disorders)
- ☐ Observation reports (2 required)
- ☐ Adaptive behavior test results (required)
- ☐ Pre-injury performance information (required)
- ☐ Physician's statement (required)
- ☐ Psychosocial test results (required if student exhibits changed behavior)

cc: Student File

Date Initiated by District _____
Mo Day Yr

Physician's Statement

Student _____ Birthdate _____

Physician, please examine the student in relation to the suspected disabling condition which has been checked and provide the information requested for that condition.

VISUAL IMPAIRMENT _____

Yes	No	
____	____	The student's residual acuity is 20/70 or less in the better eye with correction.
____	____	The student's visual field is restricted to twenty degrees or less in the better eye.
____	____	The student has an eye condition, either eye pathology or progressive eye disease, that is expected to reduce either acuity or field to one of the above criteria.
____	____	Student is unable to be adequately tested but demonstrates inadequate functional vision.

Diagnosis: _____
Comments: _____

HEARING IMPAIRMENT _____

Is	Is Not	
____	____	The student's conductive hearing loss is or is not currently treatable.
____	____	The use of amplification is or is not appropriate.

Diagnosis: _____
Comments: _____

SPEECH/LANGUAGE IMPAIRMENT _____

Yes	No	
____	____	The student has a voice disorder or other speech and language problem.

Diagnosis: _____
Comments: _____

SERIOUS EMOTIONAL DISTURBANCE _____

Are	Are Not	
____	____	There are/are not physical factors contributing to the student's educational problems.

Diagnosis: _____
Comments: _____

DEAF/BLIND _____

Are	Are Not	
____	____	There are/are not medical conditions affecting vision and hearing.

Diagnosis: _____
Comments: _____

MENTAL RETARDATION _____

Are	Are Not	
____	____	There are/are not physical factors contributing to the student's educational problems.
____	____	There are/are not sensory factors contributing to the student's educational problems.

Diagnosis: _____
Comments: _____

LEARNING DISABILITY _____

Are	Are Not	
____	____	The student's learning disability is the result of a visual, hearing, motor disability, mental retardation, or emotional disturbance.

Diagnosis: _____
Comments: _____

ORTHOPEDIC IMPAIRMENT _____

Is	Is Not	
____	____	The student has a motor disability.
____	____	The condition is permanent or expected to last for more than 60 calendar days.

Diagnosis of motor disability or description of motor limitations: _____
Comments: _____

TRAUMATIC BRAIN INJURY _____

Yes	No	
____	____	The child had a traumatic brain injury which adversely affects educational performance and requires special education.
____	____	The condition is permanent or is expected to last more than 60 calendar days.

Diagnosis: _____
Comments: _____

AUTISM _____

Are	Are Not	
____	____	There are/are not physical factors contributing to the student's educational problems.

Diagnosis: _____
Comments: _____

OTHER HEALTH IMPAIRMENT _____

Yes	No	
____	____	The health impairment is permanent or expected to last for more than 60 days.

Diagnosis or description of health impairment: _____
Comments: _____

Please sign and return to the Special Education staff at the school indicated below.
Name _____
Address _____
Phone _____
Physician's Signature _____ Date _____

Form 581-5148P-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Placement into Special Education

(page 1)

Dear _____:

The multidisciplinary team has found _____ eligible to receive special education services. These services will be described in the Individualized Education Program (IEP) which will be written for your child. The multidisciplinary team recommends placement in special education.

We recommend placement in special education because:

Other placement options we considered:

We rejected these options because:

Additional information considered by the multidisciplinary team:

The following procedure(s), test(s), record(s) or report(s) were relevant to the proposed placement of your child in special education:

Enclosed is a copy of *Parental Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me.

Sincerely,

Signature _____

Title _____

Address _____

Phone _____

Date Initiated by District _____
Mo Day Yr

Prior Notice and Consent for Initial Placement into Special Education

(page 2)

Instructions: Please complete either the top or bottom portion of this page. Your signature indicates that you received and understand the enclosed explanation of your rights and that you give or do not give permission for this placement into special education. We cannot proceed without your consent. Please call if you have any questions.

CONSENT FOR INITIAL PLACEMENT

I give my permission for placement into special education as described on page 1 of this form. I understand that my consent is voluntary and that it may be revoked for any reason during the initial placement process which ends at the time the next IEP is written.

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

OR

NO CONSENT FOR INITIAL PLACEMENT

Please complete this section and sign here if you **do not** give permission for this placement. (optional)

I **do not** give permission for this placement. My reason(s) for not giving permission are:

_____

_____

_____

_____ _____
Signature Mo Day Yr
Parent/Guardian/Surrogate Parent or Adult Student

Please return this form to_____ at _____.

Date received in district _____
Mo Day Yr

Enclosure: *Parental Rights*

cc: Student File

Date Initiated by District _____
Mo Day Yr

Notice of Individual Education Program Meeting

Dear _____:

This is to invite you to a meeting to develop or review an individual education program (IEP) for

_____.
(Student's Full Name)

An IEP is a plan designed to address the special needs of your child. The development of the IEP will be based on information from a variety of sources including the most recent evaluation, progress reports, and test results. If you would like to receive these documents or any other portion of your child's educational records prior to the IEP meeting, please contact me.

The IEP meeting is scheduled for _____, _____, at
(Day) (Date)

_____ at _____.
(Time) (Place)

If this is not a convenient time or location, please let _____ know
(Name)

at _____ by _____ and we will reschedule the meeting or talk about other
(Phone) (Date)

ways you can participate.

The people invited to attend are:

Name	Position
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

If you plan to bring other people with you to this meeting or plan to tape record the meeting, please let me know.

Sincerely,

Signature _____ Title _____

Address _____

Phone_____

Enclosure: *Parental Rights*
cc: Student File

Form 581-5148S-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Individual Education Program

Student's Name _____
Last First MI
Birth Date (mo/day/yr) _____ Age _____

Date Special Education
Eligibility Established (mo/day/yr) _____

Date of Initial IEP (mo/day/yr) _____

Date of IEP Meeting (mo/day/yr) _____

Next Annual Review
Due Date (mo/day/yr) _____

Three-year Reevaluation
Due Date (mo/day/yr) _____

Student ID #/SS # _____

Grade _____

Attending School _____

Address _____

City, Zip _____

Participants in IEP Meeting

_____
Student's Teacher

_____
District Representative/Title

_____
Parent(s)

_____
Student, When Appropriate

_____
Other/Title

_____
Other/Title

_____
Other/Title

High School Only (graduation information) (12)

Diploma ☐ Standard ☐ Other _____

Current Number of Credits Toward Graduation _____

Number of Credits Required _____

Projected Graduation Date _____

Special Education Services to Be Provided

	Amount of Service (per day/week, etc.)	Projected Dates of Initiation	Anticipated Duration of Services	Provider: LEA, ESD, Regional Program or Other	Extended School Year Services
Specially Designed Services					
☐ Reading					
☐ Math					
☐ Written Language					
☐ Physical Education					
☐ Behavioral					
☐ Speech/Language					
☐ Vocational Education					
☐ Transition Services					
☐ Other _____					
Related Services					
☐ Transportation					
☐ Counseling					
☐ Physical Therapy					
☐ Occupational Therapy					
☐ Psychological					
☐ Speech/Language					
☐ Audiology					
☐ School Health Services					
☐ Social Work					
☐ Recreation					
☐ Educational Interpreter					
☐ Assistive Technology					
☐ Transition Services					
☐ Other _____					

Extent of Participation in Regular Education _____ % of time spent in regular education program _____
OR list academic and nonacademic classes and activities _____

Date Initiated by District _____
Mo Day Yr

Individual Education Program

Name _____ Area _____

Transition Service_____

Present Level of Educational Performance

Student's Preferences, Interests, Needs Regarding Transition

Annual Goal

Short-term Objective(s)	Criteria	Evaluation Procedures	Schedule for Review	Progress/ Date Achieved

Date Initiated by District _____
Mo Day Yr

Individual Education Program
Modifications and Accommodations
(Supplementary Aids and Services)

Name _____

Please list all supplemental aids necessary to ensure the student's participation in his/her educational program. Goals and objectives may have modifications and adaptations included as a condition. In this event, listing them here again is unnecessary.

Characteristics of Service

- Consultation Services

- Direct Services

- Indirect Services

Date Initiated by District _____
Mo Day Yr

Individual Education Program
Responsibility for Transition Services

Name _____

TEAM MEMBER RESPONSIBILITIES			
SHORT-TERM OBJECTIVES	**PARENT/STUDENT**	**SCHOOL DISTRICT**	**ADULT AGENCY** (list agency as well as responsibilities)
OBJECTIVE 1			
OBJECTIVE 2			
OBJECTIVE 3			
OBJECTIVE 4			
OBJECTIVE 5			
OBJECTIVE 6			

Date Initiated by District _____
Mo Day Yr

❒ Prior Notice of Reevaluation and/or
❒ Consent for Intelligence or Personality Testing

Dear _____:

As you know _____ is currently receiving special education services. We plan to evaluate your child because:

- ❒ We are required to consider your child's eligibility for special education every three years.
- ❒ We need more information for program planning.
- ❒ We are considering a significant change of placement.
- ❒ Other _____

Other placement options we considered

We decided against these options because

Any other additional information considered by the multidisciplinary team

This reevaluation may result in (1) your child continuing in his/her present placement, (2) the IEP team recommending a change in placement, or (3) a recommendation that your child not receive services.

The evaluation procedures, assessment, and/or tests we plan to use may include the following:

- ❒ It is not necessary for you to sign this form and return; this is not an initial evaluation or individual intelligence or personality testing. Thank you for assisting the school district in meeting your child's education needs.

- ❒ Your written permission is required because this is an individual intelligence or personality testing.

I understand that the granting of consent is voluntary and may be revoked at any time.

- ❒ Permission is given to evaluate.
- ❒ Permission is denied to evaluate.

_____ _____ _____ _____
Parent/Guardian/Surrogate/Adult Student | Date | Work Phone | Home Phone

Enclosure: *Parental Rights*
cc: Student File
Form 581-5148Y-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Prior Notice of Proposal or Refusal to Initiate a Change

Check all that apply:

- ☐ Identification/Evaluation
- ☐ Individualized Education Program
- ☐ Placement
- ☐ Provision of a Free Appropriate Public Education

Dear _____:

Based on recent evaluation information for _____, the
(Student's Full Name)
IEP/multidisciplinary team *(circle one)* has determined the following change for your child from

The team decided on this change because:

Other options we considered were:

We rejected these options because:

Additional information considered by the team including a description of each evaluation procedure, test, record or report:

Enclosed is a copy of *Parental Rights*. If you have any questions, would like to discuss this further, or would like more information, please contact me.

Sincerely,

Signature _____ Position _____

Address _____

Phone_____

Enclosure: *Parental Rights*
cc: Student File

Form 581-5148Z-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Permission to Obtain and Release Information

Dear _____:

In order for us to obtain/release *(circle one)* information regarding your child, _____, please complete and return one copy in the self-addressed, stamped envelope that is included and keep the other copy for your files. If you have questions, contact me at _____.

Sincerely,

_____ ⑤ _____
Name of School District Contact Person — Title of School District Contact Person

PARENT PERMISSION TO OBTAIN OR RELEASE INFORMATION

I, the undersigned, hereby request and authorize [school, agency(ies), or person] ⑥ _____

to release to ⑦ _____

the information which I have indicated below, for the purpose of _____

Name of child _____ Date of birth ⑲ _____

- ☐ Official student academic/administrative records (identifying information, grade level completed, grades, class rank, attendance records, and group aptitude and achievement test results)
- ☐ Medical and/or related health records
- ☐ Psychological evaluations or social work reports
- ☐ Multidisciplinary team evaluations and related reports
- ☐ Appropriate agency reports
- ☐ Individualized education program
- ☐ Others (specify) _____

_____ _____
Signature of Parent, Legal Guardian, or Surrogate Parent — Date

Please return this form to _____ at _____.

This release form is valid for one year from date of signature, unless specified otherwise.

cc: Student File

Form 581-5148AA-X (New11/92)

Date Initiated by District _____
Mo Day Yr

School Officials Having Access to Student Records

_____ **School Year**

Following is a current list of the names and positions of those school officials (including teachers) in the district who, because of their legitimate educational interest, may have access to personally identifiable information without consent from the parent, legal guardian, or eligible student. As required by the Buckley Amendment (45 CFR Part 99.5), the school district student records policy specifies the criteria for determining which parties are "school officials" and what the district considers to be "a legitimate educational interest."

NOTE: The requirement to maintain a record of parties requesting or gaining access to a student's records does *not* apply to the following persons.

Name	Position	Name	Position

Form 581-5148BB-X (New11/92)

Date Initiated by District _____
Mo Day Yr

Record of Request for or Disclosure of Student Records

Student's Full Name _____ Birth Date (mo/day/yr) _____

As required by law, the school district maintains a record of all requests for and disclosures of personally identifiable information from the educational records of each student. The information below must be completed except for disclosures to a parent or eligible student, requests by or disclosures to an authorized school employee, disclosures pursuant to the written consent of a parent or eligible student, or requests for or disclosures of directory information.

Party Requesting or Obtaining Information	Date Access Granted

Legitimate Interest/Purpose of Party in Requesting or Obtaining Information _____

NOTE: According to the Family Education Rights and Privacy Act, this record of disclosure may be inspected only by: a) the parent of the student, b) an eligible student, c) the school official and assistants who act as custodians of the records, and d) authorized parties who are responsible for auditing recordkeeping procedures of the district.